

Oxnard School District
2024-25 Rates
 CSEA & Personnel Commission



Dental PPO 1500

	PLAN YEAR 2022-23								
	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser	
	PPO 90-G \$20	PPO 80-K \$30	PPO HSA 3000	2-Tier HSA 5000 Single	2-Tier HSA 5000 Two Party	Trad HMO \$30	Ded HMO	HMO HSA-B	
Deductible (ind / fam)	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$5,200	\$5,000	\$10,000	\$0	\$1,000 / \$2,000	\$3,000 / \$6,000	
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,350	\$12,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,950 / \$11,900	
Office visit copay	\$20	\$30	ded, 10%	ded, 30%	ded, 30%	\$30	\$20	ded, 20%	
Inpatient hospitalization	ded, 10%	ded, 20%	ded, 10%	ded, 30%	ded, 30%	\$0	ded, 20%	ded, 20%	
Prescription drugs	\$9 / \$35	\$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	\$10 / \$30	\$10 / \$30	\$10 / \$30	
TOTAL PREMIUM	\$1,695.90	\$1,495.90	\$1,206.90	\$729.90	\$1,099.90	\$1,695.90	\$1,495.90	\$1,210.90	
DISTRICT CONTRIBUTION 12thly	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	
DISTRICT CONTRIBUTION 11thly	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	
EMPLOYEE CONTRIBUTION 11 Mo.	\$634.53	\$501.44	\$186.16	\$0.00	\$69.44	\$719.62	\$501.44	\$190.53	
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	\$287.62	\$123.98	\$0.00	\$0.00	\$0.00	\$287.62	\$123.98	\$0.00	
EMPLOYEE CONTRIBUTION 12 Mo.	\$581.65	\$459.65	\$170.65	\$0.00	\$63.65	\$659.65	\$459.65	\$174.65	
MARRIED EMPLOYEE 12 Mo.	\$263.65	\$113.65	\$0.00	\$0.00	\$0.00	\$263.65	\$113.65	\$0.00	

Dental Incentive 1500

	PLAN YEAR 2022-23								
	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser	
	PPO 90-G \$20	PPO 80-K \$30	PPO HSA 3000	Anchor Bronze Single	Anchor Bronze Two Party	Trad HMO \$30	Ded HMO	HMO HSA-B	
Deductible (ind / fam)	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$5,200	\$5,000	\$10,000	\$0	\$1,000 / \$2,000	\$3,000 / \$6,000	
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,350	\$12,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,950 / \$11,900	
Office visit copay	\$20	\$30	ded, 10%	ded, 30%	ded, 30%	\$30	\$20	ded, 20%	
Inpatient hospitalization	ded, 10%	ded, 20%	ded, 10%	ded, 30%	ded, 30%	\$0	ded, 20%	ded, 20%	
Prescription drugs	\$9 / \$35	\$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	\$10 / \$30	\$10 / \$30	\$10 / \$30	
TOTAL PREMIUM	\$1,695.70	\$1,495.70	\$1,206.70	\$729.70	\$1,099.70	\$1,695.70	\$1,495.70	\$1,210.70	
DISTRICT CONTRIBUTION 12thly	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25	
DISTRICT CONTRIBUTION 11thly	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45	
EMPLOYEE CONTRIBUTION 11 Mo.	\$719.40	\$501.22	\$185.95	\$0.00	\$69.22	\$719.40	\$501.22	\$190.31	
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	\$287.40	\$123.76	\$0.00	\$0.00	\$0.00	\$287.40	\$123.76	\$0.00	
EMPLOYEE CONTRIBUTION 12 Mo.	\$659.45	\$459.45	\$170.45	\$0.00	\$63.45	\$659.45	\$459.45	\$174.45	
MARRIED EMPLOYEE 12 Mo.	\$263.45	\$113.45	\$0.00	\$0.00	\$0.00	\$263.45	\$113.45	\$0.00	

Oxnard School District 2024-25 Rates

Confidential / Management



Dental PPO 1500

	PLAN YEAR 2022-23							
	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser
	PPO 90-G \$20	PPO 80-K \$30	PPO HSA 3000	2-Tier HSA 5000 Single	2-Tier HSA 5000 Two Party	Trad HMO \$30	Ded HMO	HMO HSA-B
Deductible (ind / fam)	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$5,200	\$5,000	\$10,000	\$0	\$1,000 / \$2,000	\$3,000 / \$6,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,350	\$12,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,950 / \$11,900
Office visit copay	\$20	\$30	ded, 10%	ded, 30%	ded, 30%	\$30	\$20	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%	ded, 10%	ded, 30%	ded, 30%	\$0	ded, 20%	ded, 20%
Prescription drugs	\$9 / \$35	\$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	\$10 / \$30	\$10 / \$30	\$10 / \$30
TOTAL PREMIUM	\$1,695.90	\$1,495.90	\$1,206.90	\$729.90	\$1,099.90	\$1,695.90	\$1,495.90	\$1,210.90
DISTRICT CONTRIBUTION 12thly	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00
DISTRICT CONTRIBUTION 11thly	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64
EMPLOYEE CONTRIBUTION 11 Mo.	\$486.44	\$268.25	\$0.00	\$0.00	\$0.00	\$486.44	\$268.25	\$0.00
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	\$54.44	\$0.00	\$0.00	\$0.00	\$0.00	\$54.44	\$0.00	\$0.00
EMPLOYEE CONTRIBUTION 12 Mo.	\$445.90	\$245.90	\$0.00	\$0.00	\$0.00	\$445.90	\$245.90	\$0.00
MARRIED EMPLOYEE CONTRIBUTION 12 Mo.	\$49.90	\$0.00	\$0.00	\$0.00	\$0.00	\$49.90	\$0.00	\$0.00

Dental Incentive 1500

	PLAN YEAR 2022-23							
	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser
	PPO 90-G \$20	PPO 80-K \$30	PPO HSA 3000	2-Tier HSA 5000 Single	2-Tier HSA 5000 Two Party	Trad HMO \$30	Ded HMO	HMO HSA-B
Deductible (ind / fam)	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$5,200	\$5,000	\$10,000	\$0	\$1,000 / \$2,000	\$3,000 / \$6,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,350	\$12,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,950 / \$11,900
Office visit copay	\$20	\$30	ded, 10%	ded, 30%	ded, 30%	\$30	\$20	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%	ded, 10%	ded, 30%	ded, 30%	\$0	ded, 20%	ded, 20%
Prescription drugs	\$9 / \$35	\$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	ded, \$9 / \$35	\$10 / \$30	\$10 / \$30	\$10 / \$30
TOTAL PREMIUM	\$1,695.70	\$1,495.70	\$1,206.70	\$729.70	\$1,099.70	\$1,695.70	\$1,495.70	\$1,210.70
DISTRICT CONTRIBUTION 12thly	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00
DISTRICT CONTRIBUTION 11thly	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64
EMPLOYEE CONTRIBUTION 11 Mo.	\$486.22	\$268.04	\$0.00	\$0.00	\$0.00	\$486.22	\$268.04	\$0.00
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	\$54.22	\$0.00	\$0.00	\$0.00	\$0.00	\$54.22	\$0.00	\$0.00
EMPLOYEE CONTRIBUTION 12 Mo.	\$445.70	\$245.70	\$0.00	\$0.00	\$0.00	\$445.70	\$245.70	\$0.00
MARRIED EMPLOYEE CONTRIBUTION 12 Mo.	\$49.70	\$0.00	\$0.00	\$0.00	\$0.00	\$49.70	\$0.00	\$0.00

Oxnard School District 2024-25 Rates

OEA



New

Dental PPO 2000

	PLAN YEAR 2022-23							
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	PPO 90-G \$20	PPO 80-G \$30	PPO 80-L	PPO 80-M	2-Tier HSA 5000 Single	2-Tier HSA 5000 Two Party	Trad HMO \$30	Ded HMO \$1,000
Deductible (ind / fam)	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$6,000	\$5,000	\$10,000	\$0	\$1,000 / \$2,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,350	\$12,700	\$1,500 / \$3,000	\$3,000 / \$6,000
Office visit copay	\$20	\$30	\$30	\$40	ded, 30%	ded, 30%	\$30	\$20
Inpatient hospitalization	ded, 10%	ded, 20%	ded, 20%	ded, 20%	ded, 30%	ded, 30%	\$0	ded, 20%
Prescription drugs	\$10/\$35 \$200 ded	\$10/\$35 \$200 ded	\$10/\$35 \$200 ded	\$10/\$35 \$200 ded	ded, \$9 / \$35	ded, \$9 / \$35	\$10 / \$30	\$10 / \$30
TOTAL PREMIUM	\$1,721.00	\$1,571.00	\$1,401.00	\$1,268.00	\$759.00	\$1,140.00	\$1,648.00	\$1,505.00
DISTRICT CONTRIBUTION 12thly	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00
DISTRICT CONTRIBUTION 11thly	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64
EMPLOYEE CONTRIBUTION 11 Mo.	\$513.82	\$350.18	\$164.73	\$19.64	\$0.00	\$0.00	\$434.18	\$278.18
MARRIED SPOUSE CONTRIBUTION 11 Mo.	\$77.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.00	\$0.00
EMPLOYEE CONTRIBUTION 12 Mo.	\$471.00	\$321.00	\$151.00	\$18.00	\$0.00	\$0.00	\$398.00	\$255.00
MARRIED EMPLOYEE 12 Mo.	\$71.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.50	\$0.00

Dental Incentive 2000

New

	PLAN YEAR 2022-23							
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	PPO 90-G \$20	PPO 80-G \$30	PPO 80-L	PPO 80-M	2-Tier HSA 5000 Single	2-Tier HSA 5000 Two Party	Trad HMO \$30	Ded HMO \$1,000
Deductible (ind / fam)	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$6,000	\$5,000	\$10,000	\$0	\$1,000 / \$2,000
Out of pocket max (ind / fam)	\$1,000 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,350	\$12,700	\$1,500 / \$3,000	\$3,000 / \$6,000
Office visit copay	\$20	\$30	\$30	\$40	ded, 30%	ded, 30%	\$30	\$20
Inpatient hospitalization	ded, 10%	ded, 20%	ded, 20%	ded, 20%	ded, 30%	ded, 30%	\$0	ded, 20%
Prescription drugs	\$10/\$35 \$200 ded	\$10/\$35 \$200 ded	\$10/\$35 \$200 ded	\$10/\$35 \$200 ded	ded, \$9 / \$35	ded, \$9 / \$35	\$10 / \$30	\$10 / \$30
TOTAL PREMIUM	\$1,733.00	\$1,583.00	\$1,413.00	\$1,280.00	\$771.00	\$1,152.00	\$1,660.00	\$1,517.00
DISTRICT CONTRIBUTION 12thly	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00	\$1,250.00
DISTRICT CONTRIBUTION 11thly	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64	\$1,363.64
EMPLOYEE CONTRIBUTION 11 Mo.	\$526.91	\$363.27	\$177.82	\$32.73	\$0.00	\$0.00	\$447.27	\$291.27
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	\$90.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31.09	\$0.00
EMPLOYEE CONTRIBUTION 12 Mo.	\$483.00	\$333.00	\$163.00	\$30.00	\$0.00	\$0.00	\$410.00	\$267.00
MARRIED EMPLOYEE 12 Mo.	\$83.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.50	\$0.00